APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the invention e	entitled:				
CARBON	NANOTUBE DISP	ERSION LIQUII	AND METHO	OD FOR PRODU	ICING THE SAME
AND POL	YMER COMPOSIT	E AND METHOD	FOR PRODUC	CING THE SAM	Œ
	claimed in the specif	ication:			
Check one					
*a.	attached here		A 1' 4' C -		
b.		as		rial No.	and
claims, as ame I a defined in Titl	(If applicable) tereby state that I had ended by any amendr cknowledge the duty le 37, Code of Federa	nent referred to above to disclose to the large lations, \$1.5	derstand the cove. Office all informs	rmation known to	ve-identified application, including the me to be material to patentability as
Un provisional ap	nder Title 35 U.S. Copplication(s) filed with	de § 119, the prior to hin one year prior to	ity benefits of this application	the following fore are hereby claim	ign application(s) and/or United States ed:
Japar	nese Patent Applica	ation No. 2003-73	363, filed on J	January 15, 200	3
the United St	te following application tates of America either foreign priority appli	her (a) more than (one year prior	to this application	ntion were filed in countries foreign to n, or (b) before the filing date of the (s):
	on and to transact all James A Kirk M		nt and Tradema 7,075; William 1 27,562; Thoma	rk Office: P. Berridge, Reg.] s J. Pardini, Reg.]	No. 30,411;
	Mario A. Costa	ntino, Reg. No. 33,5	665; and Carolin	ne D. Dennison, R	eg. No.34,494.
	ESPONDENCE IN P.O. BOX 19928, A				SHOULD BE SENT TO OLIFF & 3) 836-6400.
herein of my further that the by fine or in	own knowledge are nese statements were	true and that all somade with the known, under Section 10	tatements made wledge that wil 101 of Title 18	on information a lful false statement of the United S	eclaration, and that all statements made and belief are believed to be true; and its and the like so made are punishable tates Code and that such willful false
Typewritten F	Full Name				
of Sole or Fire		Hisae			YOSHIZAWA
		Given Name	Mie	ddle Initial	Family Name
**Inventor's	Signature:	Misae	Gode	zane	
**Date of Sig	gnature:	Augu	ıst	8,	2003
	NT 1		lonth	Day	Year
Residence:	Nakai-m	acni	Kanaga State of P		Japan
Citizenship:	City	Japan	State of P	TOATHCE	Country
	ddragg		x Co Itd A	30, Sakai, Nak	ai-machi
Post Office A	ling	41 1114VIII,			
address, including country) Ashigarakami-gun, Kanagawa, Japan					

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "×" HERE ☒

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.

PAGE 2 OF U.S.A. DECLARATION FORM

Typewritten Full Name of Second Joint inventor:		Hiroyuki			WATANABE			
		Given Name		Middle Initial	Family Name			
**Inventor's Signature:		flica	Lake!	Watural				
**Date of Signature:		Auc	just	8,	2003			
			Month	Day	Year			
Residence:	Nakai-mach	chi Kanagawa		anagawa	Japan			
	City		Sta	te of Province	Country			
Citizenship:		Japan						
Post Office Address:		c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,						
(Insert Complete mailing address, including country)		Ashigarakami-gun, Kanagawa, Japan						
			•					
Typewritten Full Name of Third Joint inventor:								
		Given Name	·- <u>-</u>	Middle Initial	Family Name			
**Inventor's Signature:								
**Date of Signature:								
			Month	Day	Year			
Residence:					·			
	City		Sta	ite of Province	Country			
Citizenship:								
Post Office Address: (Insert Complete mailing								
address, including country)								
Typewritten Full Name				`	•			
of Fourth Joint inventor	••	Circa Name		X (3.4) - T. (2.5)	To and the Name of			
**Inventor's Signature:		Given Name		Middle Initial	Family Name			
			 					
**Date of Signature:			Month	Day	Year			
Residence:			MIMI	Day	1 Cai			
residence.	City		Sta	ate of Province	Country			
Citizenship:								
Post Office Address:								
(Insert Complete mailing address, including country)								
address, including country)								
Typewritten Full Name of Fifth Joint inventor:	;							
		Given Name		Middle Initial	Family Name			
**Inventor's Signature:								
**Date of Signature:								
_ = ===================================			Month	Day	Year			
Residence:				•				
	City		Sta	ate of Province	Country			
Citizenship:								
Post Office Address: (Insert Complete mailing								
address, including country)								

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.